

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/868025

**CLAIMS**

|       | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|-------|----------|------|------------------------|------|------------------------|------|
|       | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1     | 1        |      |                        |      |                        |      |
| 2     |          | 1    |                        |      |                        |      |
| 3     |          | +    |                        |      |                        |      |
| 4     |          | +    |                        |      |                        |      |
| 5     |          | +    |                        |      |                        |      |
| 6     |          | 1    |                        |      |                        |      |
| 7     |          | 1    |                        |      |                        |      |
| 8     |          | 1    |                        |      |                        |      |
| 9     |          | +    |                        |      |                        |      |
| 10    |          | 1    |                        |      |                        |      |
| 11    |          | 1    |                        |      |                        |      |
| 12    |          |      |                        |      |                        |      |
| 13    |          |      |                        |      |                        |      |
| 14    |          |      |                        |      |                        |      |
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| 18    |          |      |                        |      |                        |      |
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| 50    |          |      |                        |      |                        |      |
| TOTAL | 1        | ↓    |                        | ↓    |                        | ↓    |
| TOTAL | 1        | ↓    |                        | ↓    |                        | ↓    |
| TOTAL | 1        | ↓    |                        | ↓    |                        | ↓    |
| TOTAL | 1        | ↓    |                        | ↓    |                        | ↓    |

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|-------|------|------|------|------|------|------|
|       | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51    |      |      |      |      |      |      |
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| 100   |      |      |      |      |      |      |
| TOTAL |      | ↓    |      | ↓    |      | ↓    |
| TOTAL |      | ↓    |      | ↓    |      | ↓    |
| TOTAL |      | ↓    |      | ↓    |      | ↓    |
| TOTAL |      | ↓    |      | ↓    |      | ↓    |

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE  
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